

Name

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COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES
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House

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☐ Senate

MAINEETHICS COMMISSION

2009 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A - 1019)

Covering the calendar year January 1, 2009 through December 31, 2009

Please file this statement with the <u>Clerk of the House</u> or the <u>Secretary of the Senate</u> by **5:00 p.m. on February 19, 2010**. Please contact Commission staff at 287-4179 or come to the Commission office at 45 Memorial Circle, Augusta, if you have any questions about this form, your reporting requirements, or how to report specific situations.

LEGISLATOR INFORMATION

City, zip code Skowlyn ME 84976 PART 1. INCOME DERIVED FROM EMPLOYMENT BY ANO List the name and address of each employer from whom you received compensation of \$1,000 or	
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。但在表表的目的,如果是因为的,我是是不知识,我是是不知识,不是是有的,我们是我的最高的的。我们就是这个,我们就是这个人的,我们就是是一个人的,我们就是这个人的	
List the name and address of each employer from whom you received compensation of \$1,000 or	more. Specify the principal type of
economic activity of each employer.	
Name of Employer Address	Principal Type of Economic Activity of Employer
Pake George Corp. 10 Box 896 ME Skoulegam, ME	Recreation Park _non profit
North Country Rivers 36 Main 5th Rasham Maine	builting Leareadien
State of Marine Reprosentatives State House	n is mining the times of standard and source in the intermediate of the contract of the source of th
DADTO MOCATE PROPERTY	
PART 2. INCOME DERIVED FROM SELF-EMPLOYMENT (For Legislators who are self-employed.)	
A. List the name and address of your business, if any, and list the major areas of economic activity associated with a partnership, firm, professional association, or similar business entity, list the major entity.	from which you derived income. If r areas of economic activity of that
ting the control of t	Marian Anna a Company
Name and Address of Business Entity Major Areas of Economic Activity (self)	Major Areas of Economic Activity (partnership, association or similar business entity)
Name:	, , , , , , , , , , , , , , , , , , , ,
Address:	
	٠,
Name:	
Address:	

PART 2 (continued). INCOME DERIVED FROM SELF-E (For Legislators who are self-employed.)	EMPLOYMENT
B. List each source of income derived from self-employment that represents more than 10% greater, and specify the principal type of economic activity of the entity or person from who disclosure is prohibited by law, rule, or an established code of professional ethics, specify onl entity or person from whom the income was derived.	om you derived such income. If this form of y the principal type of economic activity of the
Name and Address of Source	Principal Type of Economic Activity of Entity or Person Who is the Source of the Income
Name:	
Address:	
Name:	
Address:	
	. New York of Manager Version (1997) and the control of the contro
PART 3. MAJOR AREAS OF PRACTICE (For Legislators who are attorneys-at-law only.)	
List your major areas of practice. If associated with a law firm, list the major areas of practice	of your firm.
Name and Address of Firm	eas of Practice Major Areas of Practice (self) (firm)
Name:	
Address:	
Name:	
Address:	team.
PART 4. OTHER SOURCES OF INCOME	等限的现在分词 有关的 医神经炎 医神经炎 医二甲基氏性 医二甲基氏结肠管 医二甲基氏结肠炎 医二甲基氏结肠管 医二甲基氏性 医二甲基氏征 医二甲基氏性 医二甲基氏征原生性 医二甲基氏征 医二甲基二甲基氏征 医二甲基氏征 医二甲基氏征 医二甲基氏征原生原生原生原生原生原生原生原生原生原生原生原生原生原生原生原生原生原生原生
List each source of income of \$1,000 or more not listed in Parts 1, 2, or 3 of this form. Do not	include gifts. If none, check the box.
□ None	
Name and Address of Source	Kind of Income (investments, leases, etc.)
Name:	
Address:	
Name:	
Address:	
PART 5. REPORTABLE LIABILITIES	
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or more that you received dareas of economic activity of each creditor. Do not list credit card liability or loans from a relative	
None	
Name and Address of Creditor	Principal Type of Economic Activity of Creditor
Name: Skurhega - Saving &	Buto
Name: Skurhega - Saving 5 Address: Skurhega - ME 64976	E
Name:	

PART 6	S. REPORTABLE GIFTS		introduk og affordere er er er er erkere kjelde for læder
List the specific source of each gift of more than \$300. Incone, check the box.	clude gifts with an aggregate	value of more than \$3	00 from a single source. If
None	The second secon	infrieddioddoch i Christian (Christian (Christian (Christian (Christian (Christian (Christian (Christian (Chris	an an and specific grant below to Section 2012 and the section 2012 and
Name of Source of Gift		Name of Source o	f Gift
1.	3.		
2.	4.		And the second s
PART 7. R	EPORTABLE HONORAF	RIA	
List the source of any honoraria accepted for appearances of	r speeches related to your le	gislative responsibilities	. If none, check the box.
None	·		and the second company of the second
Name of Source of Honoraria	etiati aeti opiti — aetioni ir tuoti — tuoti, mpira — opitipose paga (i i i i i i i i i i i i i i i i i i i	Name of Source of Ho	onoraria
1.	3.		en der en maken in dez inter et ingelen in dez et en en en en en men in en de de de en en en en en en en en en En en
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2.	4.		
PART 8. REPRESEN	TATION BEFORE STATE	AGENCIES	
List each executive branch agency before which you repres	ented or assisted others for	compensation of any a	mount, If none, check the
box.		The American Communication of State Visited In Age is the great Park to American The	
None	and the country september Asserting a regard a school of the contract of the c	i selimer 1800-lein serte C. j. saparlaseren kumalaminere kim 1800. Maser eine keisakk	ger - 4 Magical agusta tion caste caster caste a tradition of a state of a sample of
Name of Agency	and the second s	Name of Agenc	
		CONTROL OF THE STATE OF THE STA	n Talan alikuwa kata kata kata kata kata kata kata ka
2.	4.	-	
PART 9. BUSIN	IESS WITH STATE AGE	NCIES	
List each executive branch agency to which you or a memb \$1,000 during the reporting period. If none, check the box.	per of your immediate family	sold goods or services	with a value in excess of
☐ None	e and commence of the state of the second	in a san - san a canna san - a - a san chair, gan an a sa s	от то стор дострое в предости террите на прости на става предости на настрой на предости на предости на предости
Name of Agency	Commence of the control of the contr	Name of Agenc	e central a la como a su la escapación de escapación de la companya del companya de la companya de la companya del companya de la companya del la companya del la companya de la companya
1.	3.	 cen. 1 in CD in in its handlest and control of MAY and Street proper repairs Selection (Inc.). 	region premier — n. 1. m. n
	e compression de magnitude de magnitude en constituir de c	voir intermediate and interest some voir in the special contract some section is as the section of the section	ти на применения выправления применения в п
2.	4.	÷	
PART 10. INCOME RECEIV	ED BY MEMBERS OF IM	MEDIATE FAMILY	
List the type of economic activity representing each source dependent child(ren) during the reporting period and the kind or more of income, their name and job title are listed. Do not	of income represented. If	e received by your spou your spouse or domesti	se or domestic partner or c partner received \$1,000
Name of Spouse or Domestic Partner and Job Title	Type of Economic Activity Representing Source of Income Received	Relationship	Kind of Income
Name:	1.	1. Spouse or	
Job Title:	2.	Domestic 2.	
	3.	Partner 3.	
		Dependent Child	
If dependent child(ren) receive more than \$1,000 of income for the reporting period, list only the type of economic activity and the kind of income.		Dependent Child	
	· .	Dependent Child	

	PA	RT 11. OFFIC	ER OR DIRECTO	R POSITIONS		
any office, trusteeship	onprofit corporation, firr o, directorship, or position a family member listed	on of any nature.	Indicate whether yo	u or a family held the	position and whether	liate family held the position
☐ None		•				
Oı	ganization/Business and Address		Title	Position Held By:	Family Member's Name	Compensated?
Somerset	Wool Trus	i rec	Trustee			No
Kennelset	wiley 3	Cerr	Board			ND
		•		And the second s		
		person (1986–1917) (1916–1916) (1916–1916) Planta Dental Copie hep School (1917–1916) Party Carlotte (1917–1916)	SIGNATURE			Fig. 1. The probability of 17.
A Legislator who will	fully fails to file a requ	uired statement	is subject to a fine	of up to \$100. (1 l	M.R.S.A. § 1017-A)
The intentional filing						Legislator has
willfully filed a false s	statement, it snall refe	er its findings of	tact to the Attorne	y General. (1 M.R.	2.A. 8 1019)	
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M				2 18/	lo	
	Signature				ate	
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		ADDITIO	DNAL INFORMAT			
Please provide any the information you	additional information are providing.				e the part or section	n number for
Part/Section Number	THE STATE OF THE PROPERTY OF STATE OF S	energy of the second contract of the second c	ERRY MANUS (MERCHAN) AT MINISTER OF CENTRAL ME	Monotonia Anno anno 1724 - 1754 Anno 175	and to the control of	5 - Com (1992 CA) 20 - 22 - 23 - 23 - 23 - 23 - 23 - 23 -
TO THE SHAPE AND A COMMENTAL SHAPE AND A COM	en de la companya de	Maria de Arrigano de Composições de Composições de Composições de Composições de Composições de Composições de	n year bear an enemen and an enementary of the enementary of the enementary of the enementary of the enementary		eren and a second a	
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